

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
Francis for Sheriff	PJ6D6N
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
190 Dark Corner Road Rutherfordtonm NC 28139	
	e. Phone Number
	828-247-0774

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4-18-10	6-30-10	Jason Matthew Harrill

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report	10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BRANCH BANKING AND TRUST			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jason M. Harrill

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received: 7-8-10
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: DH
Employee: _____
Employee: _____
Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) FRANCIS FOR SHERIFF		2. Type of Report 2 ND QTR		3. ID Number PJ6D6N	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 473.82		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 465.00		\$ 515.00	
6) Contributions from Individuals (CRO-1210)		\$ 6056.50 ✓		\$ 13,501.50	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6521.50		\$ 14,016.50	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1040.74 ✓		\$ 3086.92	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 456.50 ✓		\$ 5431.50	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1497.24		\$ 8518.42	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5498.08 ✓		\$ 5498.08 ✓	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

Page ____ of ____

Amendment

☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Cash		6-5-10	\$ 30.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
<input type="checkbox"/> Add	1				\$ 20.00	
<input type="checkbox"/> Remove	1				\$ 10.00	
<input type="checkbox"/> Add	1				\$ 30.00	
<input type="checkbox"/> Remove	1				\$ 15.00	
<input type="checkbox"/> Add	1				\$ 30.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
<input type="checkbox"/> Add	1				\$ 25.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
<input type="checkbox"/> Add	1				\$ 10.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
<input type="checkbox"/> Add	1				\$ 10.00	
<input type="checkbox"/> Remove	1				\$ 10.00	
<input type="checkbox"/> Add	1				\$ 20.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
<input type="checkbox"/> Add	1				\$ 30.00	
<input type="checkbox"/> Remove	1				\$ 40.00	
<input type="checkbox"/> Add	1				\$ 25.00	
<input type="checkbox"/> Remove	1				\$ 25.00	
<input type="checkbox"/> Add	1				\$ 10.00	
<input type="checkbox"/> Remove	1				\$ 25.00	
<input type="checkbox"/> Add	1				\$ 20.00	
<input type="checkbox"/> Remove	1				\$ 20.00	
4. Total only this Page					\$	
5. Total of ALL CRO-1205 Pages					\$ 465.00 ✓	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 1 of

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAM KEITH 153 ALLEN DRIVE LAKE LURE, NC 28746			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		05/04/2010		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICHARD LOFTUS 140 OBRIEN ROAD LAKE LURE NC 28746			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		05/17/2010		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GRADY FRANKLIN 197 FRANKLIN ROAD MOORESBORO NC 28114			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		06/03/2010		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 500.00
5. Total of ALL CRO-1210 Pages						\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEVIN BRADLEY 1184 BIG ISLAND ROAD RUTHERFORDTON, NC 28139			b. Job Title/Profession TEACHER c. Employer's Name/Specific Field RUTHERFORD COUNTY SCH		d. Comments e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/27/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLINT HOUSER 123 BEAR LANE BOSTIC NC 28018			b. Job Title/Profession SELF EMPLOYEED c. Employer's Name/Specific Field (empty)		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TAMI PESATURO 2004 WHITE BIRCH TRL WEDDINGTON NC 28104			b. Job Title/Profession REALTOR c. Employer's Name/Specific Field ALLEN TATE		d. Comments e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	✓ 300.00
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PEGGY HOYLE 188 DARK CORNER ROAD RUTHERFORDTON, NC 28139			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		06/05/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHNNY BRADLEY 826 DARK CORNER ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		06/05/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARSHA WALL 688 CLEGHORN MILL ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession		d. Comments	
			TEACHER ASSISTANT			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		06/05/2010		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 250.00
5. Total of ALL CRO-1210 Pages						\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SUE FARR 237 CROWE DAIRY ROAD FOREST CITY, NC 28139			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANGELA MCMAHAN 463 PLEASANT HILL ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession COLLECTIONS c. Employer's Name/Specific Field RUTHERFORD HOSPITAL		d. Comments e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOAN BLAKE 221 DARK CORNER ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession NURSE c. Employer's Name/Specific Field RUTHERFORD HOSPITAL		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	✓ 300.00
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFF BRADLEY 1085 DARK CORNER ROAD RUTHERFORDTON, NC 28139			b. Job Title/Profession		d. Comments	
			AG EXT AGENT			
			c. Employer's Name/Specific Field			
			AG EXTENSION		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEREMY BRADLEY 1075 DARK CORNER ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession		d. Comments	
			TEACHER			
			c. Employer's Name/Specific Field			
			RUTH COUNTY SCH		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARSHA JOLLEY 141 BROOKRIDGE DR FOREST CITY NC 28043			b. Job Title/Profession		d. Comments	
			TEACHER			
			c. Employer's Name/Specific Field			
			RUTH COUNTY SCH		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CINDY DOTSON 1056 TANNERS GROVE RD FOREST CITY NC 28043			b. Job Title/Profession TEACHER c. Employer's Name/Specific Field RUTH COUNTY SCH		d. Comments e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JIM BISHOP 1178 HWY 221 A FOREST CITY NC 28043			b. Job Title/Profession BROADCASTER c. Employer's Name/Specific Field WCAB		d. Comments e. Election Sum to Date \$ 105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 105.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANGELA ALLEN 246 ALLEN DR FOREST CITY NC 28043			b. Job Title/Profession SALES c. Employer's Name/Specific Field ANGELA ALLEN		d. Comments e. Election Sum to Date \$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	✓ 315.00
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BONNIE FLOWE 162 BROOKRIDGE DR FOREST CITY NC 28043			b. Job Title/Profession		d. Comments	
			TEACHER			
			ASSISTANT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
RUTH COUNTY SCH		\$ 100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEE ULLRICH 171 FARMER JONES TRL RUTHERFORDTON NC 28139			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
		\$ 125.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DON FRANCIS 344 AQUA DR FOREST CITY NC 28043			b. Job Title/Profession		d. Comments	
			AUTO DETAILER			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
		\$ 560.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 285.00 ✓	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHEN MATHENY 609 KELLY ROAD FOREST CITY NC 28043			b. Job Title/Profession		d. Comments	
			VP			
			c. Employer's Name/Specific Field			
			ICC		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES HAYNES 810 PADGETT ROAD UNION MILLS NC 28167			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY FRANCIS 1220 6 TH ST NW HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			CAR DEALER			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
				\$ 2000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 2000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2200.00 ✓	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN GREENE 3847 LAI BER DR CONOVER NC 28613			b. Job Title/Profession HOMEMAKER c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MADEANE HODGE 910 DARK CORNER ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession MEDICAL RECORDS c. Employer's Name/Specific Field RUTH HOSP		d. Comments e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LUCY BRADLEY 264 DARK CORNER ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession TEACHER ASST c. Employer's Name/Specific Field RUTH COUNTY SCH		d. Comments e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DORIS FRANCIS 3299 LAND HARBOR NEWLAND NC 28657			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM SWINK 582 PLEASANT HILL CH ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession PASTOR c. Employer's Name/Specific Field PLEASANT HILL		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANITA TAYLOR 2800 COVE RD RUTHERFORDTON NC 28139			b. Job Title/Profession HR MGR c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CARL SEARCY 189 PLEASANT HILL RD RUTHERFORDTON NC 28139			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/06/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROLYN ALLEN 1070 PIEDMONT ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/06/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WANDA HARRIS 650 PLEASANT HILL CH ROAD RUTHERFORDTON NC 28139			b. Job Title/Profession SALES c. Employer's Name/Specific Field HOSPICE RESALE SHOP		d. Comments e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/06/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00 ✓	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES CARTER PO BOX 450 MILL SPRING NC			b. Job Title/Profession		d. Comments	
			SEPTIC REPAIR			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/06/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JESSE BROWN 130 MISSION DRIVE BOSTIC NC 28018			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		06/11/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) (Empty)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jerry Francis 1220 6th St NW Hickory NC 28601				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			BBQ	6-5-10	\$ 167.50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jim Francis 190 Dark Corner Rd Rutherfordton NC 28139				c. Employer's Name/Specific Field		
				Teacher Rutherford County Schools		e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Food	6-5-10	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Camie Boggs 225 Woodridge Dr Rutherfordton NC 28139				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Pens	6-11-10	\$ 47.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 259.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Francis Forshew						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Doris Francis 3299 Land Harbor Newland NC 28657			retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Drinks water, ice, beans	6-5-10	\$ 81.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tami Pesaturo 2004 White Birch Trl wedding ton NC 28104						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Pasta Salad Dessert	6-5-10	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Pan McGraw 132 Brookridge Dr Forest City NC 28043						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Chips, Dessert	6-5-10	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 116.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Lucy Bradley 264 Dark Corner Rd Rutherfordton NC 28139						
				e. Election Sum to Date		
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Chips, chili, stew	6-5-10	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Carolyn Allen 1070 Piedmont Road Rutherfordton NC 28139						
				e. Election Sum to Date		
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Dessert	6-5-10	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Doree Hensley 910 Dark Corner Rd Rutherfordton NC 28139						
				e. Election Sum to Date		
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Dessert	6-5-10	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 51.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Courtney Houser 123 Bear Lane Boston MA 02808				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description Dessert	j. Date (mm/dd/yyyy) 6-5-10	k. Amount \$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Angela Allen 246 Allen Drive Rutherfordton NC 28139				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description Dessert	j. Date (mm/dd/yyyy) 6-5-10	k. Amount \$ 15.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Betty Murray 441 Grandview Drive Rutherfordton NC 28139				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments e. Election Sum to Date \$	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy) 6-5-10	k. Amount \$ 5.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 30	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number																			
FRANCIS FOR SHERIFF					PJ6D6N																			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																								
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																								
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																								
a. Full Name, Mailing Address & Phone (include city, state, & zip) IMAGES SIGN SERVICE 440 US 74 HWY			b. Coordinated Committee Name		d. Comments																			
			c. Level Registered (Specify)																					
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																					
					e. Election Sum to Date																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">f. Account Code</th> <th style="width:12.5%;">g. Form of Payment</th> <th style="width:12.5%;">h. Purpose Code</th> <th style="width:12.5%;">i. Date (mm/dd/yyyy)</th> <th style="width:12.5%;">j. Amount</th> <th style="width:50%;">k. Required Remarks</th> </tr> <tr> <td>1</td> <td>CHECK</td> <td>B</td> <td>05/05/2010</td> <td>\$352.74</td> <td>SIGNS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>							f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	1	CHECK	B	05/05/2010	\$352.74	SIGNS					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																			
1	CHECK	B	05/05/2010	\$352.74	SIGNS																			
				\$																				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																								
a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 197 PLAZA DRIVER FOREST CITY NC 28043			b. Coordinated Committee Name		d. Comments																			
			c. Level Registered (Specify)																					
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																					
					e. Election Sum to Date																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">f. Account Code</th> <th style="width:12.5%;">g. Form of Payment</th> <th style="width:12.5%;">h. Purpose Code</th> <th style="width:12.5%;">i. Date (mm/dd/yyyy)</th> <th style="width:12.5%;">j. Amount</th> <th style="width:50%;">k. Required Remarks</th> </tr> <tr> <td>1</td> <td>CHECK</td> <td>C</td> <td>06/08/2010</td> <td>\$64.60</td> <td>FOOD FUNDRAISER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>							f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	1	CHECK	C	06/08/2010	\$64.60	FOOD FUNDRAISER					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																			
1	CHECK	C	06/08/2010	\$64.60	FOOD FUNDRAISER																			
				\$																				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																								
a. Full Name, Mailing Address & Phone (include city, state, & zip) IMAGES 440 US 74 HWY			b. Coordinated Committee Name		d. Comments																			
			c. Level Registered (Specify)																					
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																					
					e. Election Sum to Date																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">f. Account Code</th> <th style="width:12.5%;">g. Form of Payment</th> <th style="width:12.5%;">h. Purpose Code</th> <th style="width:12.5%;">i. Date (mm/dd/yyyy)</th> <th style="width:12.5%;">j. Amount</th> <th style="width:50%;">k. Required Remarks</th> </tr> <tr> <td>1</td> <td>CHECK</td> <td>B</td> <td>06/14/2010</td> <td>\$623.40</td> <td>T SHIRTS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>							f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	1	CHECK	B	06/14/2010	\$623.40	T SHIRTS					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																			
1	CHECK	B	06/14/2010	\$623.40	T SHIRTS																			
				\$																				
5. Total only this Page					\$																			
6. Total of ALL CRO-1310 Pages																								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)																								
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)																								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)																								
7. Purpose Codes (List detailed expenditure code in (h.) above)																								
<table style="width:100%;"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* - Other</td> </tr> </table>							A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* - Other					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																					
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																					
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																					
O* - Other																								
* Codes require detailed explanation in required remarks field (k)																								

In-Kind Contributions

Amendment

Pg ____ of ____ ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number									
FRANCIS FOR SHERIFF		PJ6D6N									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY FRANCIS 1220 6 TH ST NW HICKORY NC 28601		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Type of Contributor</td> <td style="width:50%;">c. Comments</td> </tr> <tr> <td> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td></td> </tr> <tr> <td colspan="2">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> </table>		b. Type of Contributor	c. Comments	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		d. Election Sum to Date		\$	
b. Type of Contributor	c. Comments										
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source											
d. Election Sum to Date											
\$											
e. Description		f. Date (mm/dd/yyyy)									
BBQ,SLAW,BUNS		06/05/2010									
		\$ 167.50									
		\$									
		\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) JILL FRANCIS 190 DARK CORNER ROAD RUTHERFORDTON NC 28139		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Type of Contributor</td> <td style="width:50%;">c. Comments</td> </tr> <tr> <td> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td></td> </tr> <tr> <td colspan="2">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> </table>		b. Type of Contributor	c. Comments	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		d. Election Sum to Date		\$	
b. Type of Contributor	c. Comments										
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source											
d. Election Sum to Date											
\$											
e. Description		f. Date (mm/dd/yyyy)									
HOTDOGS, TABLE CLOTHS		06/05/2010									
		\$ 45.00									
		\$									
		\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) CARRIE BOGGS 225 WOODRIDGE DR RUTHERFORDTON NC 28139		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Type of Contributor</td> <td style="width:50%;">c. Comments</td> </tr> <tr> <td> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td></td> </tr> <tr> <td colspan="2">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> </table>		b. Type of Contributor	c. Comments	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		d. Election Sum to Date		\$	
b. Type of Contributor	c. Comments										
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source											
d. Election Sum to Date											
\$											
e. Description		f. Date (mm/dd/yyyy)									
PENS		06/11/10									
		\$ 47.00									
		\$									
		\$									
4. Total only this Page		\$ 289.50									
5. Total of ALL CRO-1510 Pages		\$									
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>											

In-Kind Contributions

Amendment

Pg ____ of ____ ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) FRANCIS FOR SHERIFF		2. ID Number PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) COURTNEY HOUSER 123 BEAR LANE BOSTIC NC 28018		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description DESSERT		f. Date (mm/dd/yyyy) 06/05/2010	g. Fair Market Amount \$ 10.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANGELA ALLEN 246 ALLEN DRIVE RUTHERFORDTON NC 28139		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description DESSERT		f. Date (mm/dd/yyyy) 06/05/2010	g. Fair Market Amount \$ 15.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BETTY MURRAY 441 GRANDVIEW DRIVE RUTHERFORDTON NC 28139		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description DESSERT		f. Date (mm/dd/yyyy) 06/05/2010	g. Fair Market Amount \$ 5.00
			\$
			\$
4. Total only this Page		\$ 30.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	

In-Kind Contributions

Amendment

Pg ____ of ____ ☐ Yes ☐ No

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1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRANCIS FOR SHERIFF		PJ6D6N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
LUCY BRADLEY 264 DARK CORNER RD RUTHERFORDTON NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
CHIPS, CHILI, SLAW, DESSERT		06/05/2010	
		\$ 30.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
CAROLYN ALLEN 1070 PIEDMONT ROAD RUTHERFORDTON NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
DESSERT		06/05/2010	
		\$ 15.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
RENEE HENSLEY 910 DARK CORNER ROAD RUTHERFORDTON NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
DESSERT		06/05/2010	
		\$ 6.00	
		\$	
		\$	
4. Total only this Page		\$ 51.00	
5. Total of ALL CRO-1510 Pages		\$	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

Amendment

Pg ____ of ____ ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number																		
FRANCIS FOR SHERIFF		PJ6D6N																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																				
a. Full Name, Mailing Address & Phone (include city, state, & zip) DORIS FRANCIS 3299 LAND HARBOR NEWLAND NC 28657		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">b. Type of Contributor</td> <td>c. Comments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Individual</td> <td colspan="2" rowspan="6"></td> </tr> <tr><td><input type="checkbox"/> Candidate</td></tr> <tr><td><input type="checkbox"/> Party</td></tr> <tr><td><input type="checkbox"/> PAC</td></tr> <tr><td><input type="checkbox"/> Referendum</td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td></tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$</td> </tr> </table>		b. Type of Contributor		c. Comments	<input checked="" type="checkbox"/> Individual			<input type="checkbox"/> Candidate	<input type="checkbox"/> Party	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Other Receipt Source			d. Election Sum to Date			\$
b. Type of Contributor		c. Comments																		
<input checked="" type="checkbox"/> Individual																				
<input type="checkbox"/> Candidate																				
<input type="checkbox"/> Party																				
<input type="checkbox"/> PAC																				
<input type="checkbox"/> Referendum																				
<input type="checkbox"/> Other Receipt Source																				
		d. Election Sum to Date																		
		\$																		
e. Description WATER, ICE, BEANS, DESSERT, DRINKS		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>f. Date (mm/dd/yyyy)</td> <td>g. Fair Market Amount</td> </tr> <tr> <td>06/05/2010</td> <td>\$ 81.00</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		f. Date (mm/dd/yyyy)	g. Fair Market Amount	06/05/2010	\$ 81.00		\$		\$									
f. Date (mm/dd/yyyy)	g. Fair Market Amount																			
06/05/2010	\$ 81.00																			
	\$																			
	\$																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																				
a. Full Name, Mailing Address & Phone (include city, state, & zip) TAMI PESATURO 2004 WHITE BIRCH TRL WEDDINGTON NC 28104		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">b. Type of Contributor</td> <td>c. Comments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Individual</td> <td colspan="2" rowspan="6"></td> </tr> <tr><td><input type="checkbox"/> Candidate</td></tr> <tr><td><input type="checkbox"/> Party</td></tr> <tr><td><input type="checkbox"/> PAC</td></tr> <tr><td><input type="checkbox"/> Referendum</td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td></tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$</td> </tr> </table>		b. Type of Contributor		c. Comments	<input checked="" type="checkbox"/> Individual			<input type="checkbox"/> Candidate	<input type="checkbox"/> Party	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Other Receipt Source			d. Election Sum to Date			\$
b. Type of Contributor		c. Comments																		
<input checked="" type="checkbox"/> Individual																				
<input type="checkbox"/> Candidate																				
<input type="checkbox"/> Party																				
<input type="checkbox"/> PAC																				
<input type="checkbox"/> Referendum																				
<input type="checkbox"/> Other Receipt Source																				
		d. Election Sum to Date																		
		\$																		
e. Description POTATO SALAD, DESSERT		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>f. Date (mm/dd/yyyy)</td> <td>g. Fair Market Amount</td> </tr> <tr> <td>06/05/2010</td> <td>\$ 20.00</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		f. Date (mm/dd/yyyy)	g. Fair Market Amount	06/05/2010	\$ 20.00		\$		\$									
f. Date (mm/dd/yyyy)	g. Fair Market Amount																			
06/05/2010	\$ 20.00																			
	\$																			
	\$																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																				
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAM MCGRAW 132 BROOKRIDGE DR FOREST CITY NC 28043		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">b. Type of Contributor</td> <td>c. Comments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Individual</td> <td colspan="2" rowspan="6"></td> </tr> <tr><td><input type="checkbox"/> Candidate</td></tr> <tr><td><input type="checkbox"/> Party</td></tr> <tr><td><input type="checkbox"/> PAC</td></tr> <tr><td><input type="checkbox"/> Referendum</td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td></tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$</td> </tr> </table>		b. Type of Contributor		c. Comments	<input checked="" type="checkbox"/> Individual			<input type="checkbox"/> Candidate	<input type="checkbox"/> Party	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Other Receipt Source			d. Election Sum to Date			\$
b. Type of Contributor		c. Comments																		
<input checked="" type="checkbox"/> Individual																				
<input type="checkbox"/> Candidate																				
<input type="checkbox"/> Party																				
<input type="checkbox"/> PAC																				
<input type="checkbox"/> Referendum																				
<input type="checkbox"/> Other Receipt Source																				
		d. Election Sum to Date																		
		\$																		
e. Description CHIPS, DESSERT		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>f. Date (mm/dd/yyyy)</td> <td>g. Fair Market Amount</td> </tr> <tr> <td>06/05/2010</td> <td>\$ 15.00</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		f. Date (mm/dd/yyyy)	g. Fair Market Amount	06/05/2010	\$ 15.00		\$		\$									
f. Date (mm/dd/yyyy)	g. Fair Market Amount																			
06/05/2010	\$ 15.00																			
	\$																			
	\$																			
4. Total only this Page		\$ 116.00																		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$																		